

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

0 5 — 0 1

2. STATE:

OKLAHOMA

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL
SECURITY ACT (MEDICAID)

4. PROPOSED EFFECTIVE DATE

01-01-05

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

1902(r)(2) and 1902(f) of the Act

7. FEDERAL BUDGET IMPACT:

a. FFY 2005 \$ -0-

b. FFY 2006 \$ -0-

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Supplement 6 to Attachment 2.6-A

Supplement 7 to Attachment 2.6-A

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):

Same page, Revised 12-01-04, TN# 04-10

Same page, Revised 04-01-04, TN# 04-01

10. SUBJECT OF AMENDMENT:

Maintenance of effort with regard to Supplemental Payments to SSI recipients.

11. GOVERNOR'S REVIEW (Check One):

☒ GOVERNOR'S OFFICE REPORTED NO COMMENT☐ OTHER, AS SPECIFIED:☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

Mike Fogarty

14. TITLE:

Chief Executive Officer

15. DATE SUBMITTED:

January 28, 2005

16. RETURN TO:

Oklahoma Health Care Authority

attn: Jim Hancock

4545 N. Lincoln, Suite 124

Oklahoma City, OK 73105

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

1 FEBRUARY 2005

18. DATE APPROVED:

8 April, 2005

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

1 January, 2005

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

ANDREW A. FREDRICKSON

22. TITLE: ASSOCIATE REGIONAL ADMINISTRATOR

DIV OF MEDICAID & CHILDREN'S HEALTH

23. REMARKS:

c: Mike Fogarty

Jim Hancock

Nancy Staffins

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: OKLAHOMA

STANDARDS FOR OPTIONAL STATE SUPPLEMENTARY PAYMENTS

Payment Category (Reasonable Classification)	Administered by		Income Level		Net		Income Disregards Employed
	Federal	State	Gross 1 Person	Couple	1 Person	Couple	
(1)	(2)		(3)		(4)		(5)
Aged		X	Does not exceed 300% of SSI FBR		\$627.00	\$965.00	SSI
Blind		X	Does Not exceed 300% of SSI FBR		\$627.00	\$965.00	SSI
Disabled		X	Does not exceed 300% of SSI FBR		\$627.00	\$965.00	SSI

STATE <u>Oklahoma</u>	A
DATE REC'D <u>1 Feb 2005</u>	
DATE APVD <u>8 Apr 2005</u>	
DATE EFF <u>1 Jan 2005</u>	
HCFA 179 <u>05-01</u>	

HCFA 179 04-10

Revised 01-01-05

TN# 05-01Approval Date 8 Apr 2005Effective Date 1 Jan 2005

Supersedes

TN# 04-10

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: OKLAHOMAINCOME LEVELS FOR 1902(f) STATES - CATEGORICALLY NEEDY
WHO ARE COVERED UNDER REQUIREMENTS MORE RESTRICTIVE THAN SSI

Payment Category Reasonable Classification	Income Level		Income Disregards Employed
	1 Person	Couple	
Aged	\$579.00	\$869.00	SSI
Blind	\$579.00	\$869.00	SSI
Disabled	\$579.00	\$869.00	SSI

STATE <u>Oklahoma</u>	A
DATE REC'D <u>1 Feb 2005</u>	
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